

Complete and send this form, together with applicable fee(s), to: Mail

or Fax (703) 746-4000

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Certificate of Mailing or Transmission

(Depositor's name)

(Signature)

(Date)

A circular black ink stamp. The text "OIPE SCIT" is curved along the top inner edge. The text "PATENT & TRADEMARK OFFICE" is curved along the bottom inner edge. In the center, the date "NOV 04 2003" is stamped horizontally.

TRANSMIT THIS FORM WITH FEE(S)